

NEWS NOTES**ARMY  
MEDICAL****DEC 31 1946****LIBRARY**

OFFICE OF THE SURGEON GENERAL  
Technical Information Division  
Washington, D. C.

**DISTRIBUTION:** State, National and South American Medical Journals; Dental, Veterinary and Nursing Journals; Science Editors of newspapers and magazines; Medical Installations in the Zone of Interior and in Theaters of Operations.

\*

\*

\*

**PHYSICAL MEDICINE SERVICE ESTABLISHED  
IN ARMY HOSPITALS OF MORE THAN 750 BEDS**

Physical medicine has taken its place alongside medicine, surgery, neuropsychiatry and nursing as a professional service in Army general hospitals, and station hospitals of 750-bed capacity or over, Major General Norman T. Kirk, The Surgeon General announced.

By order of The Secretary of War, War Department Circular No. 349, published 28 November 1946, established the Physical Medicine Service in the postwar system of Army hospitals and transferred physical therapy from the Orthopedic Section to the Physical Medicine Service wherever this service was installed. The present standing of physical medicine was achieved because of the beneficial results obtained by its use in definitive medical care and in shortening the period of convalescence.

Early this year, the Reconditioning Consultants Division in the Office of The Surgeon General was abolished as such. This was in name only, as its functions were continued and uninterrupted, with educational reconditioning and other non-professional aspects of the Reconditioning Service being absorbed by the newly-created Convalescent Services Division. The Physical Medicine Consultants Division in the Office of The Surgeon General, established at this time on a purely professional level, assumed the supervision of occupational therapy, physical reconditioning and physical therapy.

As it stands now, the Physical Medicine Service includes the scientifically coordinated and integrated employment of physical therapy, occupational therapy and physical reconditioning in the professional management of the sick and wounded. Its mission is to carry out these therapeutic accessories to medicine and surgery which insure the uninterrupted high type of care accorded soldier patients, and aid, dynamically, in the more rapid convalescence of these patients. Chief of the Physical Medicine Consultants Division is Lt. Colonel B. A. Strickland, Jr., MC, Office of The Surgeon General. In the field the Physical Medicine Service will be under the direction of a qualified medical officer designated as chief of that service in each Army general hospital. He will have other medical officers as assistants, as well as trained physical therapists, occupational therapists and physical reconditioning experts.

MORE



## PHYSICAL MEDICINE SERVICE ESTABLISHED IN ARMY HOSPITALS OF MORE THAN 750 BEDS (continued)

In station hospitals of 750 beds and over on Army installations, a Physical Medicine Service may be established by the commanding officer, provided there is a medical officer present who is qualified to manage such a program.

Approval of The Surgeon General is necessary to establish such a service in hospitals of less than 750-bed capacity. In hospitals of this size the physical therapy department will continue as a unit of the Orthopedic Section, and reconditioning activities, including occupational therapy, will be continued as heretofore under the Reconditioning Service.

An enlarged occupational therapy program was set up under Physical Medicine. Activities which are continuing under occupational therapy are woodworking, printing, plastics, photography, weaving, jewelry and metal work, ceramics, typing, radio, fly-tying, leather work, knotting, drawing, sketching and water colors.

It is mandatory that a functional occupational therapy clinic be available at each general hospital, or that a general occupational therapy department be limited to prescription patients, only, for certain periods.

Physical reconditioning has continued uninterrupted for both bed and ambulant patients, and under the Physical Medicine Service this activity supervises closely their physical exercise which is prescribed scientifically by trained medical officers.

The Convalescent Services Division, officially established in larger Army hospitals on December 3, absorbed the non-professional functions formerly carried out by the Reconditioning Service. In the Army's overall postwar convalescent program, this vital activity is charged with presenting a coordinated, planned program of recreation, orientation, education and amusement for the high morale of both patient and duty personnel in Army hospitals.

Principal branches of this division are Special Services, Information and Education, Educational Reconditioning, Personal Affairs, Classification and Counselling, and liaison with other departments engaged in patient care.

### X-RAY CONSULTANTS HOLD FIRST POSTWAR CONFERENCE IN PENTAGON

Redesign of x-ray equipment for use by field Medical units highlighted discussions at the first postwar conference of x-ray consultants to The Surgeon General, held 12, 13, and 14 December in the Pentagon Building, Washington.

During World War II it was the universal experience of U. S. Army radiologists throughout the world that roentgenologic equipment shipped



## X-RAY CONSULTANTS HOLD FIRST POSTWAR CONFERENCE IN PENTAGON (continued)

overseas answered the purpose for which it was intended in most cases, although local improvisations and repairs demanded much of the time of x-ray personnel that should have been better devoted to technique and diagnoses. Much of the equipment obtained for rear area hospitals was of standard commercial design which was not intended to be frequently moved and set up under adverse conditions as was commonly experienced in even the largest of the overseas hospitals.

It was determined that by redesign of all x-ray equipment used by field medical units, a minimum number of models of military x-ray machines, tables and auxilliary equipment would answer the demands for all radiologic requirements yet simplify production and procurement in time of emergency and greatly reduce the demands on the supply service for spare parts and maintenance. The redesign will take advantage of recent advances in basic designs of x-ray equipment as well as use lighter materials which will contribute to the overall reduction in weight so desirable for air transportation. The development study will include the maximum use of adaptations of packing cases for essential hospital furniture when hospitals are operating rather than moving.

Directing the conference was Dr. Byrl R. Kirklin, of Rochester, Minnesota, formerly Colonel, Medical Corps, and consultant in Radiology to The Surgeon General. Dr. Kenneth D. A. Allen, Denver, Colorado, formerly Colonel, Medical Corps, and Chief Consultant in X-Ray for the European Theater of Operations, and Dr. Earl H. Crowder of Evanston, Illinois, formerly Colonel, Medical Corps, and Consultant in X-Ray to the North African and Mediterranean Theaters of Operation contributed valuable recommendations based upon their recent and prolonged overseas experiences in those theaters.

Maintenance consultants for this conference were James G. Lee of Charlotte, North Carolina, formerly Major, Medical Administrative Corps, and associated with the Supply Service of the Surgeon General's Office, and Charles S. Barron of Atlanta, Georgia who as an Army Captain was in charge of maintenance in the Mediterranean Theater of Operations.

'The Conference was the first in a postwar series of consultants' conferences in the medical specialties conducted by the Army Medical Research and Development Board for the purpose of reviewing Theater reports and obtaining recommendations from the most outstanding authorities for improvement of equipment so necessary to maintain the medical department planning program abreast of current trends.

Welcoming the group, Brigadier General Guy B. Denit, Acting Surgeon General, spoke at the first morning session in the absence of Major General Norman T. Kirk, The Surgeon General.

Also participating in the conference were representatives of the United States Navy, Air Surgeon's Office, Ground Surgeon's Office, the Dental Consultants Division, Development, Supply and Operations sections

MORE



## X-RAY CONSULTANTS HOLD FIRST POSTWAR CONFERENCE IN PENTAGON (continued)

of the Surgeon General's Office and regular army radiologists from nearby areas. Technical advisors from the Bureau of Standards and the Corps of Engineers were present during the entire session.

## GENERAL KIRK AWARDED LEGION OF MERIT

Major General Norman T. Kirk, The Surgeon General, recently was awarded the Legion of Merit for his service as Commanding Officer of Percy Jones General Hospital during 1942 and 1943.

Presentation was made in the Pentagon by Major General Henry S. Aurand, Commanding General of the former 6th Service Command during that time and now Director of Research and Development, War Department General Staff. During the time for which he was cited, General Kirk was a Brigadier General at the Battle Creek, Michigan, installation.

The award was made in a quiet ceremony witnessed by the chiefs of services in the Office of The Surgeon General. Colonel H. W. Doan, Executive Officer, SGO, read the citation.

The citation read, "Major General Norman T. Kirk rendered exceptionally meritorious service as Commanding Officer, Percy Jones General Hospital, from June 15, 1942, to April 13, 1943. His conspicuous performance as an organizer, administrator, and professional surgeon culminated in the establishment of the country's largest Army Hospital Center which has been unexcelled for eminent achievement in military medicine."

## DENTISTS DESIRING REGULAR ARMY COMMISSIONS MUST SUBMIT APPLICATIONS BY DECEMBER 31

All Dental Corps officers either on active duty or separated from the service were reminded today that they must submit applications for integration into the Regular Army before December 31 to be eligible for appointment next year.

In sounding this warning, Brigadier General Thomas L. Smith, Chief, Dental Consultants Division, Office of The Surgeon General, reminded dentists there are still about 375 commissions available. Some 125 dentists were integrated into the Army Dental Corps in the first integration. There were 500 commissions authorized for dentists seeking Regular Army Status.

Dentists were urged to consider a career in the Regular Army recently in letters and informational material sent them. The letter explained that under the present program, up to 7 per cent of the total strength of the Dental Corps is authorized to attend graduate courses in dentistry in both civilian and military institutions.

MORE



DENTISTS DESIRING REGULAR ARMY COMMISSIONS MUST SUBMIT APPLICATIONS BY  
DECEMBER 31 (continued)

Major General Norman T. Kirk, The Surgeon General, has stated that dentists showing particular talent in the different phases of dentistry should be given every opportunity to seek qualification as specialists before specialty boards.

Eligible dentists were reminded that the initial salary of a First Lieutenant is \$3,804 if he has dependents and \$3,372 if he has no dependents. He will be given every opportunity to increase his earnings by advances in rank and experience. Complete and modern dental laboratories and equipment are available to Army dentists.

They are also afforded the opportunity to branch off into aspects of dentistry other than purely dental practice. Open to dentists are executive and administrative duties, dental supply and research work in the development of new equipment. In all events the welfare of the soldier patient will be considered first.

COL. WESLEY C. COX BECOMES CHIEF OF ARMY INDUSTRIAL  
HYGIENE LABORATORY IN OFFICE OF THE SURGEON GENERAL

New Chief of the Army Industrial Hygiene Laboratory at Edgewood Arsenal, Maryland, with offices in the Surgeon General's Office is Colonel Wesley C. Cox, MC, Regular Army medical officer since 1917.

He succeeds Major Robert H. Duguid, MC, who is now conducting a two months survey of industrial medical and hygienic survey of Army Air Forces bases in the European Theater of Operations.

Colonel Cox returned last month after seven years in Panama where he was Canal Department Surgeon from 1943 until he returned to the Zone of Interior in October. Before assuming active duty in SGO, he represented the Army Medical Department at the first national convention on Hygiene and Sanitation in Mexico.

Under Colonel Cox's direction, the first complete survey of the Panama Canal Department and Zone was made and plans developed for a 10-year program in definitive control of malaria. For his work there, he was awarded the Legion of Merit, the Army Commendation Ribbon, a Panamanian national decoration, and was named to the Order of Basco Nunez de Balboa in the rank of Commander.

The colonel is also credited with inventing and developing the automatically operated dishwashing machine which uses solenoid controls. For more than 10 years that sanitary washing machine has been used in Army kitchens.

Born in Garden City, Long Island, on April 21, 1891, Colonel Cox obtained his AB degree from Columbia College, New York City, in 1913.

MORE



COL. WESLEY C. COX BECOMES CHIEF OF ARMY INDUSTRIAL HYGIENE LABORATORY IN  
OFFICE OF THE SURGEON GENERAL (continued)

Three years later he received his MD at the College of Physicians and Surgeons of Columbia University. He interned at St. Luke's Hospital, New York, before accepting a commission as First Lieutenant in the Army Medical Corps in 1917.

His first assignment was as a student at Army Medical School, Washington, D. C. After completing that course he was retained on the School's teaching staff and engaged in research on typhoid and pneumonia vaccine. He also collaborated in early research on pneumococcus with the late Colonel H. J. Nichols, M.C., Colonel Charles F. Craig, M.D. (Ret), Colonel E. R. Whitmore, M.C. (Ret) and Brigadier General F. F. Russell, USA (Ret).

During 1921, Colonel Cox performed special duties in epidemiology at Camp Jackson, S. C., with reference to pneumococcus vaccines at Fort Dix, N. J. In 1922, he was assigned to Panama Canal Zone for the first time where he was on the Governor's staff and bacteriologist in the Panama Canal Board of Health Laboratory. In 1925, he returned to Army Medical School where he taught bacteriology and preventive medicine for sixteen months before being assigned to the 8th Corps Area Laboratory, Fort Sam Houston, Texas.

In 1928, Colonel Cox became chief of that laboratory and did special work in the collection of rattlesnake venom and served as curator of the Southwest Branch of the Anti-Venom Institute. Three years later he went to Fort Leavenworth, Kansas, where he was laboratory chief for the 7th Corps Area hospital and medical inspector for the post.

Colonel Cox returned to Army Medical Center in 1934 as an instructor and bacteriologist at Walter Reed General Hospital laboratory. While stationed there he developed the automatically controlled dishwashing machine. While at this assignment Colonel Cox completed the advanced course in preventive medicine at the Army Medical School. In 1939, he obtained his degree of Doctor in Public Health at Johns Hopkins University, Baltimore, Maryland.

He was assigned to the Panama Canal Zone as medical inspector for the Panama Canal Department and engaged in malaria and venereal disease control methods in 1939. In 1943, he was named Department Surgeon. It was during his term as Surgeon when great numbers of troops were concentrated there that the command experienced the lowest malaria and venereal disease rates in the history of that Department.

Mrs. Cox, the former Maxine Larson of New York City, and two daughters are now living in San Antonio, Texas, where the colonel maintains his residence.

MORE



ANNUAL PHYSICAL EXAMINATIONS NOT LIMITED  
TO REGULAR ARMY OFFICERS NEXT YEAR

With certain exceptions, all officers on active duty will be required to take the annual physical examination in 1947, the War Department announced recently.

This was revealed when Circular No. 347 dated November 26, 1946, was published. It includes AUS and Regular Army officers, nurses, warrant officers, and flight officers. Examinations will be completed during the first quarter of 1947 at any medical installation equipped to perform final type physical examinations.

Last year only Regular Army officers, including nurses and warrant officers, were required to undergo the examinations. This action is primarily aimed at detecting physical defects in individual instances so they may be corrected before hospitalization is necessary.

Although some discretion will be exercised in determining the fitness of officers for duty, no officer will be found fit for general service unless he is physically capable of performing duties ordinarily expected of an officer of his rank and experience any place in the world.

CAPTAIN J. L. JONES LEAVES SGO NUTRITION DIVISION  
TO HEAD QMG NUTRITION BRANCH IN CHICAGO

Named Chief of the Nutrition Branch of the Quartermaster Food and Container Institute in Chicago, Captain Joseph L. Jones, SC, of the Nutrition Branch, Office of The Surgeon General, Washington, has recently taken over his new duties.

Before he returned to the United States early this year after 18 months in the European Theater of Operations, Captain Jones was in charge of the nutritional rehabilitation of Recovered Allied Military Personnel in Germany. He was awarded the Bronze Star for his services there. Since then he has been on duty in the Office of Major General Norman T. Kirk, The Surgeon General.

The Nutrition Branch of the Food and Container Institute is directly under the Research and Development Board of the Quartermaster General. Activities of this Branch are closely coordinated with the Medical Nutrition Laboratory of The Surgeon General which is located in the same building.

Captain Jones, whose home is at 3309 Woodley Road, N.W., Washington, D. C., was an instructor in biochemistry at the University of Missouri Medical School, Columbia, Missouri, before he entered the Service. He obtained his PhD and Masters degrees in Physiological Chemistry at the University of Missouri after graduating from Penn State College in 1936 with an AB degree.



CAPTAIN J. L. JONES LEAVES SGO NUTRITION DIVISION TO HEAD QMG NUTRITION  
BRANCH IN CHICAGO (continued)

He has previously worked with both the Army Medical Department and Quartermaster Corps on scientific food problems. His present assignment will deal with functional properties of foods, nutritional design of operational rations and the interpretation, evaluation and application of outside programs.

His wife, Mrs. Sarita S. Jones and three children will remain in Washington at the Woodley Road address for the present.

SURGEON CATALOGUES NERVOUS REACTIONS

Seven distinct nervous reactions developed among the men who flew "the hump" -- the air supply route from India to China across the Himalayas-- during the war.

Continuous service on this cloud road probably provided the most severe nerve strain endured by Army air men and study of the observed symptoms, as reported to the Surgeon General's Office by Major William M. Jeffries of the Medical Corps, a Flight Surgeon of the Air Transport Command in the China, Burma, India Theater, discloses what might be expected when men are pressed toward the limits of human endurance.

The fact that many showed no symptoms at all, Major Jeffries stresses, is a high tribute to the men who composed this force.

The "hump" route, as he describes it, was over a series of high, jagged mountain ranges divided by rivers flowing through precipitous gorges. There were no emergency landing fields. Much of the way was over Jap-held territory. Storms frequently blew ships far off course. Icing conditions were often bad, yet de-icing equipment had been removed from most planes. Flights were made at altitudes of from 17,000 to 35,000 feet, yet oxygen equipment was often inadequate; usually passengers had none. Landing fields were endangered by low ceilings and ground fog. Surrounding high mountains allowed no margin for error on instrumental letdowns. On the ground, heat and humidity were so great that clothing was constantly drenched with perspiration. Prickly heat was almost universal and sleep almost impossible. There was constant danger from snakes and insects -- certainly annoyances.

The combination of these factors, says Major Jeffries, was sufficient to shake the stability of some of even the soundest individuals, a large number of psychological disorders developed, and it was remarkable that more were not encountered.

Psychiatric cases were occurring in large numbers in Italy in the late winter and spring of 1944. This led to a clinical study of individual cases, and a study of men exposed to the same stresses who showed no abnormal nervous reaction.



## SURGEON CATALOGUES NERVOUS REACTIONS (continued)

There is no such thing, the psychiatrists conclude, as "getting used to combat." In the North African Theater, for example, practically all infantrymen who were not otherwise disabled ultimately became nervous casualties. There was general agreement between both medical and line officers that 200 days in combat, not necessarily continuously, represented about the limit of human endurance. By that time if a man had not definitely "cracked up" he had become so jittery that he was ineffective as a soldier and a demoralizing influence among his comrades.

The British, however, believed that a man could stand 400 days and attributed the difference to their policy of pulling an infantryman out of action at the end of 12 days or less for a rest of at least four days. American infantrymen in Italy frequently stayed in combat continuously 30 to 40 days and occasionally as long as 80 days.

The report recommends that the limit of combat for any infantryman be 210 days — and this only in extreme emergency. It also urges that special recognition and privileges be given infantry soldiers, that greater efforts be made in indoctrinating soldiers and the categories and channels of evacuation be clarified for both line officers and Medical officers to the end that true malingerers will not be evacuated and severe psychoneurotics not retained in their combat units.

The war ended before recommendations of this report could be put into practice.

### ARRIVALS, OFFICE OF THE SURGEON GENERAL

LIEUTENANT COLONEL FRANK L. BAUER, MC, of Shenandoah, Iowa, formerly of Bruns General Hospital, Santa Fe, New Mexico, assigned to Army Medical Research & Development Board, Research Branch

LIEUTENANT COLONEL JOSEPH T. CAPLES, MC, of Columbia, Missouri, formerly of Medical Training Center, Brooke Army Medical Center, Fort Sam Houston, Texas, assigned to Office of Plans & Operations, Education & Training Division

LIEUTENANT COLONEL DAN P. MCGILL, JR., of Denver, Colorado, formerly of Denver Medical Depot, Denver, Colorado, assigned to Office of Supply, Distribution Division, Domestic Branch

### DEPARTURES, OFFICE OF THE SURGEON GENERAL

CAPTAIN EDWARD S. BROWN, MC, of Cleveland, Ohio, formerly of Office of Personnel, Overhead, assigned to Separation Center, Fort Dix, New Jersey

100 SERIES, CHIEF, THE SURGEON GENERAL

MORE



PROMOTIONS, OFFICE OF THE SURGEON GENERAL

CAPTAIN TO MAJOR

ANIELLO F. MASTELLONE, MC, of New York, New York, of Physical Standards Division, Induction & Appointment Branch

WILLARD E. THOMPSON, PC, of Chillicothe, Illinois, of Office of Plans & Operations, Education & Training Division